Act, Motor Transport Workers Act, Shops & Commercial Establishments Acts etc. to deal with age of entry to employment. Apart from legal measures, Government have taken steps for withdrawal and rehabilitation of Child labour working in hazardous occupations. A major programme was announced in August 1994 for the rehabilitation of around 2 million children working in hazardous occupations through a project approach. So far 76 National Child Labour Projects have been set up for the rehabilitation of around 1.5 lakh children working in hazardous occupations. As per the available information, around 1.05 lakh children are already enrolled in the special schools set up under the projects.

2. The Supreme Court of India has in their judgement dated 10.12.96 given certain directions regarding the manner in which children working in hazardous occupations are to be withdrawn and rehabilitated as also the manner in which the working conditions of children working in non-hazardous occupations are to be regulated and improved upon. As a follow up of the directions of the Supreme Court, detailed guidelines have been sent to all the State Governments indicating the manner in which the directions of the Supreme Court would be given effect to. The various directions of the Supreme Court are required to be implemented in a time bound manner. The progress in the rehabilitation of children working in hazardous occupation as also the directives of the Supreme Court are being monitored through regular interaction with the State Governments in various fora. Communications have been sent to the State Governments, from time to time, emphasising the need for effective implementation and regular monitoring of progress of abolition of child labour.

3. Child Labour is a complex socio-economic problem. The Common Minimum Programme (CMP) announced by the Government seeks complete abolition of child labour. A beginning has been made by the Government, during the last two years or so, for withdrawal and rehabilitation of children working in hazardous occupations. The Government, however, has not finalised any time frame for complete abolition of child labour in the country.

AIDS/HIV

*2. SHRI RAJKESHAR SINGH:

KUMARI FRIDA TOPNO:

Will the PRIME MINISTER be pleased to state:

(a) whether the Government are aware that the number of AIDS and HIV positive patients has been increasing continuously in the country;

(b) if so, the number of AIDS and HIV positive patients detected separately during 1997 till date as compared to 1996, State-wise;

(c) the reasons why the AIDS and HIV patients are increasing;

(d) the arrangements made by the Government to identify AIDs and HIV infected people;

(e) whether some international agencies including WHO and UNFPA have also warned India to take suitable steps to control spreading of AIDS and HIV;

(f) if so, the details thereof; and

(g) the details of action plan formulated or proposed to be formulated to control the spread of these diseases and create awareness amongst the people about these diseases particularly in rural areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to g) To slow down the spread of HIV/AIDS, the "National AIDs Control Programme" was started in 1987. But the Programme was launched in a comprehensive manner all over the country only in 1992 with the World Bank credit of US$ 84 million. A five year strategic plan is being implemented with the objective of prevention and control of HIV/AIDS in the country so as to reduce the future morbidity, motrality and the impact of HIV/AIDS. The various components of this action plan are:

1. Strengthening the Programme Management capacity at National and State level:

At the national level, National AIDS Control Organisation under the Ministry of Health & Family Welfare has been created and is in operation. At the State/UT level, a State AIDS Cell has been created. Empowered Committees have been constituted in majority of States/UTs. Some States like Tamilnadu, Karnataka and Pondicherry have created Registered Societies exclusively for the implementation of this Programme.

2. Surveillance and Clinical Management

For surveillance of HIV infection, HIV testing facilities exist in 62 Surveillance Centres all over the country. These Centres are the designated laboratories in the Departments of Microbiology in Medical Colleges, Research Institutions and big hospitals, which carry out HIV testing of blood samples received from various departments of the attached hospitals on unlinked anonymous basis. The blood samples are mostly from the high risk groups of individuals. These surveillance centres have been established with the aim of monitoring the geographical distribution and the source of HIV infection.

The sentinel surveillance system had been adopted to monitor the trend of HIV infection among various high risk groups of population like Sexually Transmitted Disease, Clinic attenders and intravenous drug users as well as section of population like ante-natal mothers. This is being carried out through 55 Sentinel sites attached to these surveillance centres in various parts of the Country.

As per information available with National AIDS Control Organisation, the number of HIV infection and AIDS cases during 1996 and 1997 are as follows:

(i) Number of HIV positives

S. No.	States	1/96-12/96	1/96-6/96	1/97-6/97
1.	Andhra Pradesh	75	2	403
2.	Assam	16	0	19
3.	Arunachal Pradesh	0	0	0
4.	A & N islands	3	3	4
5.	Bihar	14	14	7
6.	Chandigarh			
7.	Punjab	0	0	61
8.	Delhi	266	43	41
9.	Daman & Diu	0	0	0
10.	D & N Haveli	1	0	0
11.	Goa	288	57	175
12.	Gujarat	10	0	80
13.	Haryana	83	39	388
14.	Himachal Pradesh	58	58	21
15.	Jammu & Kashmir	24	16	6
16.	Karnataka	635	12	504
17.	Kerala	35	0	0
18.	Lakshadweep	2	0	0
19.	Madhya Pradesh	131	84	45
20.	Maharashtra	7323	3249	5827
21.	Manipur	578	199	1095
22.	Mizoram	7	0	11
23.	Meghalaya	4	0	0
24.	Nagaland	0	0	128
25.	Orissa	61	47	0
26.	Pondicherry	470	265	337
27.	Rajasthan	72	18	109
28.	Sikkim	0	0	2
29.	Tamilnadu	181	100	649
30.	Tripura	0	0	0
31.	Uttar Pradesh	96	72	160
32.	West Bengal	0	0	315
	Total	10433	4278	10387

(ii) Number of AIDS cases in India

S.No.	States/UTs	1/96-12/96	1/96-6/96	1/97-6/97
1.	Andhra Pradesh	19	10	3
2.	Assam	0	0	0
3.	Arunachal Pradesh	0	0	0
4.	A & N Islands	0	0	0
5.	Bihar	1	1	0
6.	Chandigarh			
7.	Punjab	0	0	0
8.	Delhi	27	13	9
9.	Daman & Diu	0	0	0
10.	D & N Haveli	0	0	0
11.	Goa	0	0	0
12.	Gujarat	104	103	5
13.	Haryana	0	0	0
14.	Himachal Pradesh	0	0	0
15.	Jammu & Kashmir	0	0	0
16.	Karnataka	12	0	29
17.	Kerala	26	20	6
18.	Lakshadweep	0	0	0
19.	Madhya Pradesh	6	5	53
20.	Maharashtra	520	245	785
21.	Manipur	55	28	122
22.	Mizoram	0	0	5
23.	Meghalaya	0	0	7
24.	Nagaland	0	0	0
25.	Orissa	0	0	0
26.	Pondicherry	24	2	4
27.	Rajasthan	0	0	51
28.	Sikkim	0	0	1
29.	Tamilnadu	199	127	424
30.	Tripura	0	0	0
31.	Uttar Pradesh	48	48	56
32.	West Bengal	11	10	7
	Total	1052	612	1564

The main reason for the increase of HIV infections and AIDS cases is that, in the beginning, the infection was limited to high risk groups such as Commercial Sex Workers, Intra-venous drug users and persons with Sexually Transmitted Diseases. But from these infected groups the infection has now spread to their unsuspecting sexual partners and children due to lack of awareness and unsafe sexual practices compounded with other factors like lack of education and economic and social backwardness of the people especially those in rural areas.

For development of skills of doctors for diagnosis and management of clinically suspected AIDS cases, a massive training programme have been taken up under the component of "Clinical Management of HIV/AIDS". 2200 key trainers have already been trained to conduct the training courses of doctors. 32 State PRAMS (Physician Responsible for AIDS Management) have been identified for diagnosis and treatment of AIDS cases. Till date, approximately 40000 doctors have been trained all over the country under this component. Indian Medical Association and Christian Medical Association of India have been involved for training of General Practitioners and Private Practitioners.

The Government of India, Ministry of Health & Family Welfare has advised all State Governments in November, 1992 to ensure that all AIDS cases and HIV infected persons are attended to in the Government hospitals without any discrimination.

3. Blood Safety

The safety of blood has been ensured by mandatory testing of all blood units for HIV, syphilis, Hepatitis B and Malaria, before transfusion. Establishment of 154 Zonal Blood Testing Centres, modernisation of 815 Blood Banks, establishment of 40 Blood Component Separation Facilities and promotion of voluntary blood donation have been taken up. The National Blood Transfusion Council and State Blood Transfusion Councils have been constituted as per the directions of the Supreme Court.

4. Control of Sexually Transmitted Diseases

Strengthening of 504 STD clinics, integration of syndromic management of STDs with reproductive health care services, training of doctors and Laboratory Technicians and ensuring good quality condoms by amending schedule 'R' of the Drugs and Cosmetics Act, are some of the important activities under this component.

5. Public awareness and community support

Since AIDS has no cure the main thrust of the programme is to prevent the spread of HIV/AIDS infection through creation of awareness and aiming at behavioural change. To reach the goal of public awareness or prevention of HIV/AIDS and to mobilise community support, efforts have been made in the following areas:

- Creation of mass awareness by using all media of mass communication;
- Development of inter-personal communication support material;
- Mobilisation of Non Governmental Organisations;
- Inter-sectoral collaboration;
- Pilot interventions in specific groups of population such as Commercial Sex Workers, Intra-venous Drug users, Truck drivers and Street Children; and
- HIV/AIDS education in school curriculum.

These activities are being carried out all over the country including rural areas. The awareness activities aimed at creating awareness especially in rural areas includes street plays, puppet shows and folk media shows organised by Song & Drama Division, Nehru Yuvak Kendras and Non Governmental Organisations.

WHO and other International agencies including UNFPA, UNICEF, UNDP, UNESCO and World Bank and working as "Joint United Programme on HIV/AIDS" i.e. UNAIDS. UNAIDS from time to time provide information on HIV/AIDS in various continents and also provide technical guidance as and when asked for by Government of India.

Indo-Nepal Relations

[English]

*3. SHRI PANKAJ CHOWDHARY:

SHRI PRAMOTHES MUKHERJEE:

Will the PRIME MINISTER be pleased to state:

(a) whether Prime Minister visited Nepal during June 1997;

(b) if so, the main agreements reached between the two countries and the steps taken to implement these agreements;

(c) the benefits likely to accrue to our country;

(d) whether India has allowed Nepal to open a transit passage from Nepal to Bangladesh direct;

(e) whether all the outstanding disputes between the two countries have been resolved; and

(f) if so, to what extent relations between the two countries have improved?

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRIMATI KAMALA SINHA): (a) to (f) The Prime Minister visited Nepal from June 5-7, 1997. The main documents signed during the visit are:

(i) Process Verbal for Exchange of Instruments of Ratification of the Mahakali Treaty;

(ii) Power Trade Agreement;

(iii) Memorandum of Understanding on Civil Aviation matters.